

CLAIMS ONLY						Application Number 09/582216	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
1												
2												
3												
4												
5												
6												
7												
8												
9	1											
10												
11												
12												
13												
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21												
22												
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25												
26												
27												
28		1										
29												
30												
31		1										
32			1									
33												
34												
35												
36	1											
37			1									
38				1								
39					1							
40						1						
41							1					
42								1				
43									1			
44										1		
45											1	
46												1
47												
48												
49												
50												
Total Indep												
Total Depend												
Total Claims												

4  
36  
40